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# **APPLICATION DATA SHEET**

App	lication	nforma	ation
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Application number::	
Filing Date::	02/10/2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	TREATMENT OF INFLAMMATORY BOWEL DISEASE
Title :: Attorney Docket Number::	•
	DISEASE
Attorney Docket Number::	DISEASE 69155-2
Attorney Docket Number:: Request for Early Publication?::	DISEASE 69155-2 No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::	DISEASE 69155-2 No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::	DISEASE 69155-2 No No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::	DISEASE 69155-2 No No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::  Small Entity?::	DISEASE 69155-2 No No Yes
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::  Small Entity?::  Petition included?::	DISEASE 69155-2 No No Yes
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::  Small Entity?::  Petition included?::  Petition Type::	DISEASE 69155-2 No No Yes

#### First Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: GB Status:: **Full Capacity** Given Name:: Jonathan Middle Name:: Family Name:: Rhodes Name Suffix:: City of Residence:: Liverpool State or Province of Residence:: Country of Residence:: **GB** Street of mailing address:: Department of Medicine University of Liverpool City of mailing address:: Liverpool State or Province of mailing address:: Country of mailing address:: **GB** Postal or Zip Code of mailing address:: L69 3GA **Correspondence Information** Correspondence Customer Number:: 50670 Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: (213) 633-6869

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#### **Representative Information**

Representative Customer Number::	50670

## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2004/000521	02/10/2004

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Great Britain	GB0302872.7	02/10/2003	Yes

### **Assignee Information**

Assignee name::	University of Liverpool
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